

Headquarters  
US Army Armor Center and Fort Knox  
Fort Knox, Kentucky 40121-5000  
2 November 2001

\*Fort Knox Reg 690-11

### Civilian Personnel

## CIVILIAN EMPLOYEE HEALTH PROMOTION PROGRAM

**Summary.** This regulation establishes policies, procedures, and responsibilities for implementation of the Fort Knox Civilian Employee Health Promotion Program (HPP).

**Applicability.** This regulation applies to the US Army Armor Center and Fort Knox, all subordinate commands, and all Partners in Excellence at Fort Knox.

**Suggested improvements.** The proponent agencies of this regulation are the Director of Health Services and Director of Community and Family Activities. Users are invited to send comments and suggested improvements on DA Form 2028 (Recommended Changes to Publications and Blank Forms) directly to CDR, USAARMC and Fort Knox, ATTN: ATZK-CFR, Fort Knox, KY 40121-5000.

1. **Purpose.** This regulation establishes policies and procedures to allow all nontemporary DA civilian employees opportunities to participate in health fitness programs during approved administrative leave and off-duty time.

2. **Reference letter,** DAPE-CPP, 15 March 1987, subject: Civilian Fitness.

3. **Objectives:**

a. Total health fitness involves activities designed to improve health in the following areas:

- (1) Tobacco use.
- (2) Physical fitness.
- (3) Weight control.
- (4) Nutrition.
- (5) Stress management.
- (6) Alcohol and drug abuse prevention and control.

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This regulation supersedes Fort Knox Reg 690-11, 26 Nov 96.

(7) Early identification of hypertension.

(8) Suicide Prevention.

(9) Spiritual fitness.

b. The long-term goal of this program is to improve the health and quality of life of civilian employees and decrease injury, illness, and premature death.

4. Program steps:

a. A Health Risk Appraisal (HRA) will be provided to each participating civilian employee consisting of:

(1) Health questionnaire.

(2) Cholesterol check.

(3) Blood pressure check.

(4) Height/weight measurement.

(5) Selected other health measurements as available.

b. Medical personnel will individually:

(1) Counsel each employee on the results of the HRA.

(2) Provide suggestions for improvement.

(3) Give positive reinforcement for good health habits.

(4) Assist the employee in developing a total fitness program targeted to improve health.

c. Health fitness is an individual responsibility; however, installation organizations will provide various health education programs to assist civilian employees in meeting their goals.

d. Physical exercise training may be one of the civilian employee's total fitness goals.

5. Responsibilities:

a. The Director of Health Services (DHS) (Fort Knox MEDDAC Commander) will:

(1) Assist the Director of Community and Family Activities (DCFA) in overall management of the program.

(2) Provide medical personnel and equipment to perform HRAs and advise DCFA of the date/time and slots available for civilian personnel participation.

(3) Perform HRA and provide a copy of the individual printout to the employee.

(4) Enter employee's blood pressure, height/weight, cholesterol values, and counseling on a SF 600, Chronological Record of Health Care, and file in employee's occupational health record.

(5) Recommend, through a consultation form to the employee, follow-up with a personal physician for any health risks (e.g., high cholesterol, high blood pressure) which may require medical treatment.

(6) Provide medical personnel to counsel each employee and assist in developing a total fitness program using Fort Knox Form 1460-E, Civilian Employee Fitness Assessment and Plan (Figure 1).

(7) Provide one copy of Fort Knox Form 1460-E to the employee after counseling and a Fort Knox Form 1460a, Medical Clearance for On-Duty Physical Exercise Training (Figure 2), if physical exercise training is desired.

(8) Provide the employee a listing of all known educational/training classes.

(9) Provide educational classes which are open to civilian employees in the following areas and notify the DCFA of the date/time/location and restrictions (if any) on class size:

(a) Nutrition - general, including cholesterol and weight control.

(b) Physical exercise-- how to exercise safely.

(c) Tobacco cessation.

(d) Stress management.

b. The DCFA will:

(1) Provide overall management of the program with the assistance of the DHS.

(2) Identify eligible civilian employees and develop a method for equitable distribution of slots for participation in HRA/counseling.

(3) Notify unit commanders/staff directors/other supervisors of date/time/location and slots available for participation in the HRA/counseling by their civilian employees.

(4) Provide educational classes open to civilian employees:

(a) Tobacco cessation (in coordination with DHS).

(b) Physical exercise training program (in coordination with DHS).

(5) Coordinate with the DHS, Staff Chaplain, and other appropriate on- and off-post agencies for support in offering appropriate training/classes.

c. The Staff Chaplain will provide educational classes open to civilian employees and notify the DCFA of date/time/location and restrictions (if any) on class size, in the area of spiritual fitness.

d. Supervisors of civilian personnel will:

(1) Publicize opportunities to participate in the Health Promotion Program, allow volunteers to sign-up, and schedule employee participation based on seniority and mission requirements. Work schedules should be adjusted to permit training and exercise where possible.

(2) Allow civilian employees to volunteer to participate in the HRA/Counseling Program as a duty time activity as mission requirements permit.

(3) Allow employees to participate in activities recommended by their fitness counselor (Fort Knox Form 1460-E will be completed for this purpose) as a duty time activity as mission requirements permit. It is expected that although mission requirements may preclude immediate participation of the employee in education/training classes and physical exercise training, participation in these programs would be allowed at the earliest opportunity. Employees allowed administrative time for physical exercise training must participate in the total physical exercise training program.

(4) Ensure employees return Fort Knox Form 1460a (medically clearing the employee) before allowing them to use administrative leave to participate in physical exercise training.

(5) Monitor duty time used by participants in this program to ensure time does not exceed reasonable periods for travel and participation in education classes and physical exercise training. Administrative leave should not exceed 3 hours per week, for a period up to 6 months in duration.

(6) Record on the civilian employee's Standard Form (SF) 7-B in paragraph 9 the following statement on completion of physical exercise training: "Employee participated in \_\_\_\_\_ hours of physical exercise training as part of a total fitness program." Likewise, other training conducted under this program will be annotated on the SF 7-B.

e. Civilian employees will:

(1) Sign up to participate in the Health Promotion Program on a voluntary basis.

(2) Meet with supervisor after attending the Health Risk Assessment and receiving Fort Knox Form 1460-E from the counselor. Identify activities of the employee fitness plan that may be accomplished during duty/off-duty time with supervisor.

(3) Obtain clearance from (private) physician using Fort Knox Form 1460a and return form to supervisor before participating in physical exercise training using administrative leave.

FOR THE COMMANDER:



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**CIVILIAN EMPLOYEE FITNESS ASSESSMENT AND PLAN**

(For use of this form, see Fort Knox Reg 690-11)

Figure 1

**Health Risk Assessment:**

Date: \_\_\_\_\_

I have performed a Health Risk Assessment on \_\_\_\_\_  
 and based on this assessment, I recommend the following activities:

Fitness Counselor \_\_\_\_\_  
 (signature)

**CIVILIAN EMPLOYEE FITNESS PLAN**

Activities Recommended by Counselor		Activity	Activities Desired by Employee		Duty Time Activities Approved by Supervisor	
YES	NO		YES	NO	YES	NO
_____	_____	Nutrition Care (1 hr)	_____	_____	_____	_____
_____	_____	Tobacco Cessation Classes (6 hrs)	_____	_____	_____	_____
_____	_____	Stress Management Class (10 hrs) or Spiritual Fitness Class (1 hr)	_____	_____	_____	_____
_____	_____	Physical Exercise Training Program (72 hrs)	_____	_____	_____	_____
_____	_____	Substance Abuse Awareness Class (9 hrs)	_____	_____	_____	_____

**Civilian Employee Statement:** I desire to improve my fitness. If physical exercise training is approved during duty time by my supervisor, I understand that ( 1 ) I will present a medical clearance (Fort Knox Form 1460a) from my private physician before beginning the training, (2) I will train within the limits set by my physician, (3) I may not exceed 3 hours of training per week for 24 weeks (72 hours total, and (4) I will participate in the total Physical Exercise Training Program.

NAME \_\_\_\_\_  
 (signature)

**Supervisor's Statement:** I support fitness. Employee is authorized use of duty time as indicated above in support of a total fitness program.

NAME \_\_\_\_\_  
 (signature)

Civilian Employee

**MEDICAL CLEARANCE FOR ON-DUTY PHYSICAL EXERCISE TRAINING**

(For use of this form, see Fort Knox Reg 690-11)

Figure 2

Dear Doctor

1. Your patient \_\_\_\_\_ has expressed a desire to participate in a physical conditioning program.
2. Your client was advised to be seen by you, his/her private physician, to ensure that it is safe for him/her to exercise.
3. We would appreciate your signature on this form to clear your client. If you have specific exercise recommendations for your client, please indicate them on this form.

FITNESS COUNSELOR

\_\_\_\_\_  
(signature)

**PHYSICIAN STATEMENT**

This statement certifies that I have evaluated \_\_\_\_\_ and have found evidence/no evidence (circle one) to suggest that he/she may be harmed by an exercise program.

1. Exercise heart rate should be: \_\_\_\_\_
2. Permitted Activities: (check as appropriate)
  - ☐ aerobic calisthenics
  - ☐ stationary bicycling
  - ☐ swimming
  - ☐ running
  - ☐ walking
  - ☐ weight training
3. Exercise (length of time and frequency/week):
4. Limitations/Comments:

DATE \_\_\_\_\_ PHYSICIAN \_\_\_\_\_  
(signature)